

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn  
c/o Lee Lamar  
144 Tichenor Avenue, Ste. 1  
Auburn, Alabama 36830

A. Signature

x L. Savage

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

L. Savage

C. Date of Delivery

10-3-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

07cable7

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3066

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn  
c/o Steven A. Reeves  
144 Tichenor Avenue, Ste. 1  
Auburn, Alabama 36830

A. Signature

x L. Savage

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

L. Savage

C. Date of Delivery

10-3-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3:07cable7

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3042

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Auburn  
c/o Bill James  
144 Tichenor Avenue, Ste. 1  
Auburn, Alabama 36830

A. Signature

x L. Savage

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

L. Savage

C. Date of Delivery

10-3-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

07cable7

3. Service Type

☒ Certified Mail ☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7004 1160 0002 5799 3035

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>L. Savage</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>L. Savage</i> C. Date of Delivery <i>10-3-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>07cws867</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  <b>City of Auburn c/o Charles Duggan 144 Tichenor Avenue, Ste. 1 Auburn, Alabama 36830</b>			
2. Article Number (Transfer from service label) <u>7004 1160 0002 5799 3011</u>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-154	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>L. Savage</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>L. Savage</i> C. Date of Delivery <i>10-3-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>07cws867</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  <b>City of Auburn c/o Bill Ham, Jr. 144 Tichenor Avenue, Ste. 1 Auburn, Alabama 36830</b>			
2. Article Number (Transfer from service label) <u>7004 1160 0002 5799 3059</u>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-154	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>L. Savage</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>L. Savage</i> C. Date of Delivery <i>10-3-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>2: 07cws867</i></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  <b>City of Auburn 144 Tichenor Avenue, Ste. 1 Auburn, Alabama 36830</b>			
2. Article Number (Transfer from service label) <u>7004 1160 0002 5799 3073</u>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-154	

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1. Article Addressed to:

**City of Auburn**  
**c/o Larry Langley**  
**144 Tichenor Avenue, Ste. 1**  
**Auburn, Alabama 36830**

2. Article Number  
(Transfer from service label)

7004 1160 0002 5799 2496

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *L. Savage*☐ Agent☐ Addressee

B. Received by (Printed Name)

L. Savage

C. Date of Delivery

10-3-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3:07CW867

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**City of Auburn**  
**c/o Cortez Lawrence**  
**144 Tichenor Avenue, Ste. 1**  
**Auburn, Alabama 36830**

2. Article Number  
(Transfer from service label)

7004 1160 0002 5799 3080

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *L. Savage*☐ Agent☐ Addressee

B. Received by (Printed Name)

L. Savage

C. Date of Delivery

10-3-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

07CW867

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes